Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Α	For the	2016 calendar year, or tax year beginning JUL 1, 2016 and	ending J	JN 30, 2017				
В	Check if applicable	C Name of organization THE SEED PUBLIC CHARTER SCHOOL OF		D Employer identifi	cation number			
	Addres	washington, D.C.						
	Name	ALEXANDER THE VICTORIAN CONTRACTOR		52-20	099612			
	Initial		Room/suite	E Telephone number				
	Final return/	4300 C STREET., SE		· ·	8-7773			
	termin	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	16,248,409.			
	Ameno			H(a) Is this a group re				
	Applic	F Name and address of principal officer: MECHA INMAN			? Yes X No			
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in				
1	Tax-exe	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527	1	list. (see instructions)			
		e: > WWW.SEEDSCHOOLDC.ORG		H(c) Group exemptio				
_		organization; X Corporation Trust Association Other ►	L Year	· - · · ·	A State of legal domicile; DC			
	art I	Summary	******					
	1	Briefly describe the organization's mission or most significant activities: THE SEE	ED PUBLIC	CHARTER SCHOOL				
Activities & Governance		OF WASHINGTON, DC IS A PUBLIC COLLEGE-PREPARATORY BOARDING SO						
9	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net as:	sets.			
Ne.	3	Number of voting members of the governing body (Part VI, line 1a)		3	11			
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)			10			
ο <u>ς</u>	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			212			
itie	6	Total number of volunteers (estimate if necessary)			60			
Çţ;	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
_ ⋖	b	Net unrelated business taxable income from Form 990 T, line 34	ANT. CO. STEELS	7b	0,			
		- FUOLUMOF		Prior Year	Current Year			
d)	8			906,672.	692,929.			
Revenue	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		14,450,868.	15,410,247.			
eve	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		15,740.	26,468.			
<u>~</u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,345.	118,765.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,384,625.	16,248,409.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	*******	0.	0.			
(C)	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		8,577,582.	9,789,292.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
CDe	b	Total fundraising expenses (Part IX, column (D), line 25)	176.					
ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,857,526.	5,890,573.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		14,435,108.	15,679,865.			
		Revenue less expenses. Subtract line 18 from line 12		949,517.	568,544.			
Net Assets or	9		Be	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		21,575,179.	21,273,448.			
AS	21	Total liabilities (Part X, line 26)		4,770,265.	3,818,598.			
2	22	Net assets or fund balances. Subtract line 21 from line 20		16,804,914.	17,454,850.			
_	art II	Signature Block						
		ties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is			
true	, correc	, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.				
		Signature of officer PUBLIC INSPECTION		Date				
Sig	- 1	TOD DETAIN FOR		Date				
Hei	re			_:				
_			IF	Date Check C	DTIN			
D - 1	.	Print/Type preparer's name Preparer's signature	MAY		PTIN			
The state of the s								
	parer	Firm's name RSM US LLP		Firm's EIN ▶	42-0714325			
use	Only	Firm's address 9737 WASHINGTONIAN BLVD, #400		201	206 3600			
56	W 15	GAITHERSBURG, MD 20878		Phone no. 301				
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)	**********		X Yes No			

including grants of \$

14,005,506.

) (Revenue \$

Total program service expenses

Form 990 (2016) WASHINGTON, D.C. Part IV Checklist of Required Schedules

It is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I as extens 501(c)(3) organizations engage in direct or indirect political campaign activities, or have a section 501(b)(4) election in effect during the tax year? If "Yes," complete Schedule C, Part II as the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III bid the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization in report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide oredic cunselling, doth management, crodit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for liability service schedule D, Part VI. Did the organization report an amount for liability service schedule D, Part VI. If the organization report an amount for liability service schedule D, Part VI. Did the organization report an amount for liability service schedule D, Part VI. Did the organization report an amount for investments - other securities in Part X, line		Yes	No
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f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11d		Х
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Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		Х
Complete Screening of Fall III	19		х

Form 990 (2016) WASHINGTON, D.C. Part IV Checklist of Required Schedules (continued)

608	Officerist of Nequired Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Q			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	P FA		157
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 00		
٠.	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334	_	
Ŋ	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
50	· · · · · · · · · · · · · · · · · · ·	00		Х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		-1
3/				Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Λ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	y	
_	Note. All Form 990 filers are required to complete Schedule O	38	X	2016

Form 990 (2016) WASHINGTON, D.C. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			Ш
4-	Enter the number reported in Box 3 of Form 1096. Enter -0: if not applicable		Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 47 1b 0		, A.	- 8
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		(ti)	Svi ye
C	(gambling) winnings to prize winners?	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	10		01981
Lu	filed for the calendar year ending with or within the year covered by this return 2a 212	23	100	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	7 41	11	SIN
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ļ	Х
b	If "Yes," enter the name of the foreign country: ▶	4		17.52
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	III A		$\mathcal{X} = 1$
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	P P	8-3	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		_ X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	2.000	Х
	If "Yes," indicate the number of Forms 8282 filed during the year			v
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
8	appropriate appropriation being access business bulliage at access the defined the vector	8	-	
9	Sponsoring organizations maintaining donor advised funds.	8	100	
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	JU	100	o i i
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a		=11 0	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders N/A 11a			ALL.
	Gross income from other sources (Do not net amounts due or paid to other sources against			ww.
	amounts due or received from them.)		1	
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			Q.
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		PE,	, - t
b	Enter the amount of reserves the organization is required to maintain by the states in which the			V =
	organization is licensed to issue qualified health plans			, A .
	Enter the amount of reserves on hand			1
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	R 9		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11		811-	9,00
	If there are material differences in voting rights among members of the governing body, or if the governing	"21A		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	, 1 3	J.	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10	. Ť .		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ŭ		
, -	more members of the governing body?	7a		х
b		10		
	, , , , , , , , , , , , , , , , , , , ,	7b		х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	70	Princes.	
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3	-	
-	(This Section & requests information about policies not required by the internal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		W.	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С		12.0		
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent		1100	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	2	400	
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		011	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	13	5	
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		JE, U	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		210	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available)	ailable		
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and f	inanci	al	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	KEN ARNDT - 202-248-7773			
	4300 C STREET. SE WASHINGTON DC 20019			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year,
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter ·0· in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average	l (do	not c				ne	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)					an	compensation	compensation	amount of
	week	$\overline{}$	T an	u a u	li dotto	171143	(66)	from	from related	other
	(list any hours for	trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related) io 9	trustee			sate		(W-2/1099-MISC)	(**-2/1099-141130)	organization
	organizations	trust	al tru		yee	шре		(** = / ********************************		and related
	below	Individual	Institutional	e.	Key employee	Highest compensated employee	Je.			organizations
	line)	Indiv	Insti	Officer	Key	in die	Богтег			
(1) VASCO FERNANDES	2.00									
CHAIRMAN		Х		Х		_		0.	0.	0.
(2) HUCK O'CONNER	1.00									
FINANCE CHAIR		Х		Х		_		0.	0.	0.
(3) MARINA OTTAWAY	1.00									
EXECUTIVE COMMITTEE CHAIR		Х				_	_	0.	0.	0.
(4) DAVID STEINBERG	1.00									
DEVELOPMENT COMMITTEE CHAIR	1 00	Х			_	_		0.	0.	0.
(5) ERIC ALDER	1.00									
BOARD MEMBER UNTIL 06/2016		Х	_	_		_		0.	70,094.	14,589.
(6) LEN ARMSTRONG	1.00							(20)		
BOARD MEMBER UNTIL 09/2016		Х	_	_		_		0.	0.	0.
(7) BROOKE COBURN	1.00									
BOARD MEMBER		Х		_				0.	0.	0.
(8) DESA SEALY	1.00									_
BOARD MEMBER	1 00	Х	_	_	_		-	0.	0.	0.
(9) KEN SLAUGHTER	1.00									
BOARD MEMBER	1 00	Х	-			_	-	0.	0.	0.
(10) JOSEPH WRIGHT BOARD MEMBER	1.00	х						0.	0 -	0
(11) RAJIV VINNAKOTA	- 1.00	^							0.	0.
BOARD MEMBER	1.00	x						0.	0.	0
(12) DENNIS CHESTNUT	1,00	A				-		٧.	0.	0.
PARENT TRUSTEE	1.00	x						0.	0.	0.
(13) TASHA POULSON	1.00	-	_	-			-	134.4	0.	
PARENT TRUSTEE	1.00	x						0.	0.	0.
(14) ADRIAN MANUAL	40.00	_						197		
HEAD OF SCHOOL THRU 12/31/16				х				197,312.	0.	32,338.
(15) KEN ARNDT	40.00							, ===		
MANAGING DIRECTOR				х				117,322.	0.	12,943.
(16) MECHA INMAN	40.00									, , , , , , , , , , , , , , , , , , ,
HEAD OF SCHOOL FROM 1/1/2017				х				0.	0	0.
(17) STEPHANIE A. BROWN-BLACKMAN	40.00			100						
DIRECTOR OF STUDENT LIFE						х		115,267.	0.	20,141.

	FORTH 990 (2010)											
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Es	timate	d				
	hours per					tnan d s both		compensation	compensation	an	nount	of
	week					r/trus		from	from related		other	
	(list any	tor						the	organizations		pensa	tion
	hours for	direc				-		organization	(W-2/1099-MISC)		om the	
	related	e 0r	etee			sate		(W-2/1099-MISC)	()		anizati	
	organizations	ruste	I trus		9	прег		(17 2) 1000 111100)			d relati	
	below	ualt	tiona		(oldr	yee yee	_				anizati	
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	F ormer			0.90	AT 112-CALI	3110
(18) ZENADA RENEE MAHON	40.00	<u> </u>	-=-	0	×	工品	<u> </u>					
HIGH SCHOOL PRINCIPLE						x		113,282.	0.		12,	010.
(19) ANNETTE S. GREGORY-MCARTHUR	40.00							3				
MIDDLE SCHOOL PRINCIPLE						х		110,052.	0.		10,	466.
						_						
		-			Н	H						
				-	-							
			_			L.						
1b Sub-total						****		653,235.	70,094.		102,	$\overline{}$
c Total from continuation sheets to Part VI								0.	0.		100	0.
d Total (add lines 1b and 1c)								653,235.	70,094.		102,	487.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	ove) wh	o re	ceived more than \$100,	000 of reportable			
compensation from the organization		_	_		_		-				Yes	No
3 Did the organization list any former officer,	director, or tru	uster	e. ke	v en	olan	vee.	or h	nighest compensated er	nplovee on			E
line 1a? If "Yes," complete Schedule J for si										3		Х
4 For any individual listed on line 1a, is the su											Bi-	
and related organizations greater than \$150										4	х	
5 Did any person listed on line 1a receive or a										A		1 1
rendered to the organization? If "Yes." com	plete Schedule	$\frac{1}{2}Jf$	or st	ich i	oers	on	. Contra			5		Х
Section R. Independent Contractors												

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MERIWETHER GODSEY		
4944 OLD BOOSBORO ROAD, LYNCHBURG, VA 24503	CATERING/FOOD SERVICE	1,050,649.
JHJ & ASSOCIATES, LLC, 600 SOUTH		
WASHINGTON STREET, ALEXANDRIA, VA 22314	HOUSEKEEPING	260,228.
A&D SECURITY		
10705 ALYSSA LANE, WALDORF, MD 20603	SECURITY SERVICES	203,632.
WEATHERTROL HEATING & AIR CONDITIONING, LLC		
150 POST OFFICE RD. #538, WALDORF, MD 20604	HVAC	201,188.
SHI INTERNATIONAL CORP		
33 KNIGHTSBRIDGE ROAD, PISCATAWAY, NJ 08854	IT EQUPIMENT AND SUPPLIES	178,074.
2 Total number of independent contractors (including but not limited to	those listed above) who received more than	
\$100,000 of compensation from the organization	11	

Form 990 (2016) WASHINGTON
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns	1a		The second second	4-1100		W WASSELL
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						28 16 112 I
Q 8		Fundraising events						AND THE RESERVE
ifts		Related organizations			A STATE OF THE STA			
D is		Government grants (contribution	220 020	578,317.	The state of the state of			
Sir		All other contributions, gifts, grant						
it is		similar amounts not included abov	1000	114,612.				S Dreve William
Q Lib		Noncash contributions included in lines 1	Section 1 Marian III	8,170.				
P P	_	Total. Add lines 1a-1f	-	057	692,929.		2011	
0.0		Total. Add lines 14-11		Business Code	w s made with		W W INS	
.	0.0	PUPIL ALLOCATIONS		900099	15,410,247.	15,410,247.		HOLES NO.
<u>i</u>				300033	15,410,247	25,125,227		
e e	b	-						-
Len Gen	С							-
Be	d							
Program Service Revenue	е							
ш		All other program service rever			15 410 247			
-		Total. Add lines 2a-2f			15,410,247.			
	3	Investment income (including			25,468.			25.469
		other similar amounts)			25,400.			25,468.
	4	Income from investment of tax	•					-
	5	Royalties						1
			(i) Real	(ii) Personal	1 1 1			
		Gross rents						
		Less: rental expenses			with middle the			
		Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		1,000.	The second second	Y		
	b	Less: cost or other basis			DOM ALL			
		and sales expenses		0.	mitted to the			the secretary last
	С	Gain or (loss)		1,000.				
	d	Net gain or (loss)			1,000.			1,000.
nue	8 a	Gross income from fundraising including \$						
Other Revenu		contributions reported on line	1c). See		Marie III	400 0 100 000		
Ę.		Part IV, line 18		а		Latin ie in S		
ا <u>۽</u>	b	Less: direct expenses		b	No serve in 1514		N = S=TO III.W	
٥	С	Net income or (loss) from fund	raising events			THE PERSON NAMED IN		
	9 a	Gross income from gaming ac	tivities. See			Mark and Jay		
		Part IV, line 19		a	The second second	4 4 4 4		11 11 11 11
	b	Less: direct expenses		b				
		Net income or (loss) from gam						
		Gross sales of inventory, less i	_			J. S. S. S. V. L. D. V.	A VIDE THE	1000000
		and allowances		a 14,759.				The state of the s
	b	Less: cost of goods sold		0.		The state of the s		
		Net income or (loss) from sales		D	14,759.			14,759.
Í		Miscellaneous Revenue		Business Code	0.11.02			
Ì	11 a			900099	65,401.			65,401.
	b	MEDICARE		900099	38,605.			38,605.
	c	***************************************			·			
		All other revenue						
		Total. Add lines 11a-11d			104,006.			
	12	Total revenue. See instructions.		ymmummum [16,248,409.	15,410,247.	0.	145,233

Part IX | Statement of Functional Expenses

Form 990 (2016)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) (D) (A) Do not include amounts reported on lines 6b, Program service Total expenses Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees 442,211. 406,589 31,872 3,750. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7,806,727. 66,197. Other salaries and wages 7,177,874. 562,656 7 Pension plan accruals and contributions (include 131,454. 120,864. 9,475 1,115. section 401(k) and 403(b) employer contributions) 790,704. 727,007. 6,705. Other employee benefits 56,992 9 618,196. 568,396, 44,558. Payroll taxes 5,242. 10 Fees for services (non-employees): 11 400,000. 400,000 Management 16,000 16,000 b Legal 74,123. 74,123 Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,054,676 913,538 44,397 96,741. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 296,798. 295,778. 913. 107. 13 Office expenses Information technology 14 Royalties 15 798,231 733,927 57,535 6,769. 16 Occupancy 28,732. 28.732. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 191,017 191,017 Conferences, conventions, and meetings 19 7,616. 105,660. 97,148. 896. 20 Payments to affiliates 21 1,248,797 10,590. Depreciation, depletion, and amortization 1,148,196 90,011 22 154.173 154,173, 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 991,345. STUDENT MEALS 991,345. DIRECT STUDENT EXPENSES 169,958. 169,958, h CHARTER SCHOOL FEE 165.707. 165.707. 70,000. BAD DEBT EXPENSE 70,000 9,035. 125,356. 115,257. 1,064. All other expenses е 15,679,865, 14,005,506 1,475,183. 199,176. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

if following SOP 98-2 (ASC 958-720)

WASHINGTON D.C. Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 405,505. 641,539. Cash - non-interest-bearing 1 2,388,315. 2 396 844. Savings and temporary cash investments 2 400,992. Pledges and grants receivable, net 330,709. 3 1,381. 1,056. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 138,696. 105,279. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 31,328,675. basis. Complete Part VI of Schedule D 10a 14.447.257. 17,429,894, 16.881.418. b Less: accumulated depreciation _____ 10b 10c Investments - publicly traded securities 810,396. 11 916,524. 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 79. 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 21,575,179. 16 21,273,448. 611,664. 17 544.822. 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 4,080,687. 3,233,561. Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 77,914. 40,215. 25 Schedule D 3,818,598. 4,770,265. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 16,396,001. 15,745,127. 27 Unrestricted net assets 27 958,849. 959,787. Temporarily restricted net assets 28 28 100,000. 100,000. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 17,454,850. 16,804,914. Total net assets or fund balances 33 33 21,575,179. 21,273,448. Total liabilities and net assets/fund balances 34

Form 990 (2016)

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

Form 990 (2016)

3a

Х 2c

X

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE SEED PUBLIC CHARTER SCHOOL OF

Employer identification number

WASHINGTON D.C. 52-2099612 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 WASHINGTON, D.C.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions	Will East April 2	MAIN HELIEVE			post of H. S. W. Gr. M.	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,					S SWATE S YE	
	column (f)					1 - Wr 5 Two (it of	
6	Public support. Subtract line 5 from line 4.		YEXT DESKED				
Sec	ction B. Total Support		100	T		1	
	ndar year (or fiscal year beginning in) 🕨 🏻	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4					-	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business			8			
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
4.4	assets (Explain in Part VI.)				50 .o. 1574 br	To a secondary	
	Total support. Add lines 7 through 10 Cross receipts from related activities,	oto (coo instructio	ane)			12	
	First five years. If the Form 990 is for	•		d fourth or fifth ta			
10	organization, check this box and stop						▶□
Sec	tion C. Computation of Public	Support Per	centage				
14	Public support percentage for 2016 (li	ne 6, column (f) di	ivided by line 11, o	column (f))		14	%
	Public support percentage from 2015					15	%
	33 1/3% support test - 2016. If the o					nore, check this box	and
	stop here. The organization qualifies a	as a publicly supp	orted organization	1			
b	33 1/3% support test - 2015. If the o						
	and stop here. The organization quali	fies as a publicly s	supported organiz	ation		*************	▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact	s-and-circumstan	ces" test, check th	nis box and stop h	nere. Explain in Pa	art VI how the organ	ization
	meets the "facts-and-circumstances" t	est. The organiza	tion qualifies as a	publicly supported	organization		
b	10% -facts-and-circumstances test	- 2015. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explai	n in Part VI how the	10
	organization meets the "facts-and-circ						>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instructions	

Schedule A (Form 990 or 990-EZ) 2016 WASHINGTON, D.C.

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed be Section A. Public Support	low, please comp	olete Part II.)				
	(=) 0010	(h) 2012	(a) 2014	(4) 2015	(a) 2016	M Total
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7¢ from line 6.)				SERVICE STATE		
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	N. V.			<u> </u>		
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						11
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	the evaporation!	first seemed thir	d fourth or fifth t	ay year as a section	501/o\/2\ organiza	ation
14 First five years. If the Form 990 is for						auon,
Section C. Computation of Public						
15 Public support percentage for 2016 (lir			olumn (fl)		15	0,
					16	9
16 Public support percentage from 2015 Section D. Computation of Invest			***************************************		101	
17 Investment income percentage for 20°			ne 13 column (fl)		17	9
					18	C
18 Investment income percentage from 2 19a 33 1/3% support tests - 2016. If the company is the company in the company in the company is the company in the c						
more than 33 1/3%, check this box and b 33 1/3% support tests - 2015. If the d		-				
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	i dia not check a	box on line 14, 19	a, or 190, check fi	rus dox and see ins	THUCKIONS	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L. (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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9b		
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10a		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1.50	351
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	10 1	1 2 2	181
	below, the governing body of a supported organization?	11a		
		11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Seci	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		201	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			THE STREET
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1137	5.1
	controlled the organization's activities. If the organization had more than one supported organization,		187	200
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	-	
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			90.8
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	11000	
Sect	tion C. Type II Supporting Organizations			
			Yes	No
3	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	8.2	file i	Strate
::-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		IMPA	100
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
	_		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		THE	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		10411	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	pri S		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		1 5 X	A-1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a		-10	
	significant voice in the organization's investment policies and in directing the use of the organization's		-50	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
So of	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	EX. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
a b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tionel		
2	Activities Test. Answer (a) and (b) below.	uons).	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	5. 1	100	110
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		5 1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			7
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		100	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI. the role played by the organization in this regard.	3b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	Nov. 20, 1970 (explain in F	Part VI.) See instructions. Al
-	other Type III non-functionally integrated supporting organizations must co	mplete Sec	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		Year on the William St.	
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		·
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
-	Total (add lines 1a, 1b, and 1c)	1d		
-	Discount claimed for blockage or other	B 4.4		FOR THE PARTY OF
	factors (explain in detail in Part VI):	Carrier W		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		· ·
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount		Ph. C	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	a Carron Karama	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integrate	d Type III supporting oras	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
_	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а	Charles and the second of the			
b				
	From 2013	1-8-518 10-1-11		
	From 2014	LINEST SINGS IN THE		
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years	unita so " in a real		
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,	WITH THE PERSON OF THE PARTY OF		
	line 7:			201 7 170
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
_	Remaining underdistributions for years prior to 2016, if			THE WAR THE STATE OF THE STATE
	any. Subtract lines 3g and 4a from line 2. For result greater			Ment de la
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h	Maria Maria Carlo		
	and 4b from line 1. For result greater than zero, explain in			ŀ
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7:			
а	DISCUSSION OF WHO I			
	Excess from 2013	TWO IS NOT THE OWNER.	The section of the section of	
_	Excess from 2014			
97	Excess from 2015	The second		
	Excess from 2016			
C	MONOGO II OTT CO TO			

Schedule A (Form 990 or 990-EZ) 2016

THE SEED PUBLIC CHARTER SCHOOL OF

Schedule A	Form 990 or 990 EZ) 2016 WASHINGTON, D.C.	52-2099612	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 a line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, Iine 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	and 2; Part IV, Section (Section B, line 1e; Part	C, t V,
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THE SEED PUBLIC CHARTER SCHOOL OF

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Employer identification number

WASHINGTON, D.C. 52-2099612						
Organization type (check	one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
General Rule X For an organization	e)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor's	\$5,000 or more (in money or				
Special Rules						
sections 509(a)(1) any one contribut	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution: An organization t	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo	orm 990, 990-EZ, or 990-PF),				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
THE SEED PUBLIC CHARTER SCHOOL OF
WASHINGTON, D.C.

Employer identification number

52-2099612

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
1		\$578,317	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)		
2	Name, address, and ZIP + 4	\$\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)		
4	Name, address, and ZIP + 4	17,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$8,170.	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		- \$	Person Payroll Noncash Complete Part II for noncash contributions.)		

Name of organization
THE SEED PUBLIC CHARTER SCHOOL OF
WASHINGTON, D.C.

Employer identification number

52-2099612

PartII	Noticasti Property (See Instructions). Use duplicate copies of Part II it a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	SUPPLIES		
5_			
		\$8,170.	07/01/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	5
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2			
		\$	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
			
-			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	*		
	#		
		\$	*
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		S	

ame of organi He seed pi	UBLIC CHARTER SCHOOL OF			Employer identification number
SHINGTON	D.C.			52-2099612
Part III	Exclusively religious, charitable, etc., contri the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or wing line entry. For organization less for the year. (Enterthis info. onc	(10) that total more than \$1,000 for ns pe,) ► \$
a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-	Transferee's name, address, and	(e) Transfer of gif		nsferor to transferee
-				
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	Transferee's name, address, and	(e) Transfer of gift		nsferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
_ _				
-	Transferee's name, address, and	(e) Transfer of gift		nsferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, and	IZIP+4	Relationship of tra	nsferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE SEED PUBLIC CHARTER SCHOOL OF

WASHINGTON, D.C.

Employer identification number 52-2099612

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds			
	are the organization's property, subject to the organization's	_				
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor of					
	125 Jan 127 (15) 27 (25) 40 Jan 20 Ja					
Pai						
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (e.g., recreation or e		torically important land area			
	Protection of natural habitat		tified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	T					
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c			
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struct	ure			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rel					
	year -					
4	Number of states where property subject to conservation eas	sement is located >				
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it	t holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year			
	>					
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ition easements during the year			
	> \$					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement, and balance sheet, and			
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for			
	conservation easements.					
Pai	t III Organizations Maintaining Collections of	·	ther Similar Assets.			
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stater	nent and balance sheet works of art,			
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,			
	the text of the footnote to its financial statements that descri	bes these items.				
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	t and balance sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of pu	blic service, provide the following amounts			
	relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		• \$			
2	If the organization received or held works of art, historical tre		al gain, provide			
	the following amounts required to be reported under SFAS 1	, ,				
а	Revenue included on Form 990, Part VIII, line 1		> \$			
h	Assets included in Form 990 Part Y		•			

WASHINGTON, D.C.

Pa	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or C	ther S	Similar	Assets	(contin		aue -
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
	(check all that apply):									
а	Public exhibition	d	Loan or excl	nange programs	S					
b	Scholarly research	е	Other							
	c Preservation for future generations									
4										
5	During the year, did the organization solicit or						o iii i aic.	AIII.		
•	to be sold to raise funds rather than to be ma							Yes		No
Pa									112	140
	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	or other assets	s not inc	luded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:							
								Amount		
¢	Beginning balance			*****************	******	1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a						?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation has been p	provided on Par	t XIII					Ì
Pa	rt V Endowment Funds. Complete it	f the organization ans	swered "Yes" on Fo	rm 990, Part IV,	line 10.		**********			-
	**	(a) Current year	(b) Prior year	(c) Two years b) Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance	100,000.	100,000.	100,0	000.	10	0,734.		107,	565.
b	Contributions									
С	Net investment earnings, gains, and losses	198.	152.	1	14.		151.			169.
d	Grants or scholarships	198.	152.	1	14.		885.		7,	000.
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	100,000.	100,000.	100,0	00.	10	0,000.		100,	734.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)	held as:	- 7.					
а	Board designated or quasi-endowment		%							
b	Permanent endowment 100.00	%	_							
С	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, and 2c should									
За	Are there endowment funds not in the posses		tion that are held an	d administered	for the o	organizat	ion			
	by:					., ga <u>_</u> a.	7017	Γ	Yes	No
	(i) unrelated organizations							3a(i)	103	X
	(ii) related organizations	0.00.0.00.00.000.000					**********	3a(ii)		X
h	(ii) related organizations	tione lieted as require	nd on Schodula D2			************	********	3b		
4	Describe in Part XIII the intended uses of the							[on]		
	t VI Land, Buildings, and Equipme		vinent iunus.							
-	Complete if the organization answered		Part IV line 11a Sc	e Form 990 P	art X lin	10 م				
	Description of property	(a) Cost or ot				umulated		(d) Book	volu	
	Description of property	basis (investm	1 ' '			eciation	'	(u) Door	valu	0
1a	Land				T BOX V	The second				
	Buildings		25	456,264.	10	,163,4	66.	15	292,	798.
С	Leasehold improvements	49								
	Equipment		3 ,	069,981.	2	094,5	71.		975,	410.
	Other		2,	802,430.	2	189,2	20.		613,	210.
	. Add lines 1a through 1e. (Column (d) must ed		C. column (B). line 10)c.)			▶	16,	881,	418.

WASHINGTON, D.C.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
) Financial derivatives			
Closely-held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			why be a second part of
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
146			
(4)			
(5)			
(6)			
(7)			
(0)			
(8)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description	11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Cart IX Other Assets. Complete if the organization answered "Yes" o (a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		>
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		>
(9) Ial. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o	Description	11e or 11f. See Form 990, Part X, line	>
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability	Description	11e or 11f. See Form 990, Part X, line	>
(9) Ial. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Ial. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATIONS	Description	11e or 11f. See Form 990, Part X, line (b) Book value	>
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATIONS (3)	Description	11e or 11f. See Form 990, Part X, line (b) Book value	>
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATIONS (3) (4)	Description	11e or 11f. See Form 990, Part X, line (b) Book value	>
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Cart IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATIONS (3) (4) (5)	Description	11e or 11f. See Form 990, Part X, line (b) Book value	>
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATIONS (3) (4) (5) (6)	Description	11e or 11f. See Form 990, Part X, line (b) Book value	>
(9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATIONS (3) (4) (5) (6) (7)	Description	11e or 11f. See Form 990, Part X, line (b) Book value	>
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATIONS (3) (4) (5) (6)	Description	11e or 11f. See Form 990, Part X, line (b) Book value	>

Page 4

Par	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		Return.	
1			11	16,329,801.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			F F
а	Net unrealized gains (losses) on investments	2a 81,39	92.	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c	0 ,11	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	81,392.
3	Subtract line 2e from line 1			16,248,409.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b	1.0	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	16,248,409.
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses pe	er Return.	110 320
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		ss 1	15,679,865.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a	1377/6	
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		. 3	15,679,865.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	18-11-1	
b	Other (Describe in Part XIII.)	4b	N 100	
	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	15,679,865.
	t XIII Supplemental Information.			
lines :	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi		10, 1 art /-, m	10 2, 1 at Ai,
PERM	ANENTLY RESTRICTED NET ASSETS ARE RESTRICTED TO INVESTMENT IN			
PERP	ETUITY. INVESTMENT INCOME IS RESTRICTED FOR OTTAWAY SCHOLARS	HIP.		
PART	X, LINE 2:			
THE	SCHOOL IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF	7 THE		
INTE	RNAL REVENUE CODE (IRC) AND IS NOT CONSIDERED TO BE A PRIVATE			
FOUN	DATION. UNDER SECTION 501(C)(3) OF THE IRC, THE SCHOOL IS EXEN	MPT FROM		
FEDE:	RAL TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME. THE	SCHOOL		
DID 1	NOT HAVE ANY NET UNRELATED BUSINESS INCOME FOR THE YEARS ENDE	JUNE		
30,	2017 AND 2016.			

SCHEDULE E

(Form 990 or 990-EZ)

Schools

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Part I

► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

THE SEED PUBLIC CHARTER SCHOOL OF Emplo

WASHINGTON, D.C.

Employer identification number 52-2099612

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,		D W	
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the		34 (200)	100
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes	5 70	WEIG	110
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.		337	
	If you need more space, use Part II	3	Х	
	THE SCHOOL SHALL ADMIT STUDENTS OF ANY RACE, COLOR, NATIONAL		100	1
	AND ETHNIC ORIGIN. IT WILL NOT DISCRIMINATE ON THE BASIS OF	1201	1100	Wille
	RACE, COLOR, NATIONAL AND ETHNIC ORIGIN IN ADMINISTRATION OF		318	W.
	ITS EDUCATIONAL POLICIES, ADMISSIONS, OR ATHLETIC AND OTHER		10.32	200
	SCHOOL-ADMINISTERED PROGRAMS.		5100	4
ŀ	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.		15. 1	
5	Does the organization discriminate by race in any way with respect to:			~
5 a	Students' rights or privileges?	5a		X
b	Students' rights or privileges? Admissions policies?	5b		Х
b c	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	5b 5c		Х
b c d	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5b 5c 5d		X X X
b c d e	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5b 5c 5d 5e		X X X
b d e f	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e 5f		X X X X
b d e f	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f 5g		X X X X X
b d e f	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f		X X X X
b d e f	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f 5g		X X X X X
b d e f	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g		X X X X X
b c d e f g h	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g	X	x x x x x x x
b c d e f g h	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h	X	X X X X X
b c d e f g h	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II.	5b 5c 5d 5e 5f 5g 5h	х	x x x x x x x
b c d e f g h	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h	х	x x x x x x x

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule E (Form 990 or 990-EZ) 2016

THE SEED PUBLIC CHARTER SCHOOL OF

Schedule E (Form 990 or 990-EZ) 2016 WASHINGTON, D.C.	52-2099612	Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7,	as applicable.	
Also provide any other additional information.		
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:		
THE SEED PUBLIC CHARTER SCHOOL OF WASHINGTON, DC WAS ORGANIZED FOR THE		
PURPOSE OF OPERATING A PUBLIC CHARTER SCHOOL FOR EDUCATIONALLY UNDERSERVED		
CHILDREN RESIDING IN WASHINGTON, D.C. THE SEED PUBLIC CHARTER SCHOOL OF		
WAGNINGTON DO PROPERTY A CHURDHA ALLOCANION EDON MUE DIGEDION OF COLUMNIA		
WASHINGTON, DC RECEIVES A STUDENT ALLOCATION FROM THE DISTRICT OF COLUMBIA		
MO COVER MUE GOOM OF ACADEMIC AND EACTITHTEC DYDENCES		
TO COVER THE COST OF ACADEMIC AND FACILITIES EXPENSES.		
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

2016

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service
Name of the organization

Department of the Treasury

THE SEED PUBLIC CHARTER SCHOOL OF
WASHINGTON D.C.

| Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.
| Employed |

Employer identification number 52-2099612

Questions Regarding Compensation Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel X Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain X 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Х 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? Х b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Х c Participate in, or receive payment from, an equity-based compensation arrangement? X 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х a The organization? Х b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2016

52-2099612

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. WASHINGTON, D.C. Schedule J (Form 990) 2016

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC compensation	-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	otner deferred compensation	benetits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
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Page 3

Schedule J (Form 990) 2016

Part III Supplemental Information

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	HOUSING IN THE AMOUNT OF \$14,400.									Schedule J (Form 990) 2016
PART I, LINE 1A:	THE HEAD OF SCHOOL RECEIVED NON-TAXABLE HOUSING IN THE AMOUNT OF \$14,400.									

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No: 1545-0047

Open to Public Inspection

Name of the organization

THE SEED PUBLIC CHARTER SCHOOL OF WASHINGTON, D.C.

Employer identification number 52-2099612

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WHOSE PRIMARY MISSION IS TO PROVIDE AN OUTSTANDING INTENSIVE
EDUCATIONAL PROGRAM THAT PREPARES CHILDREN, BOTH ACADEMICALLY AND
SOCIALLY, FOR SUCCESS IN COLLEGE.
FORM 990, PART VI, SECTION B, LINE 11B:
PRIOR TO THE FILING OF THE FORM 990, THE CHAIRMAN OF THE FINANCE COMMITTEE
ALONG WITH THE MEMBERS OF THE FINANCE COMMITTEE WILL REVIEW THE TAX RETURN
VIA ELECTRONIC FORM OR PAPER COPY. SENIOR MANAGEMENT WILL WAIT ON THE
RESPONSE OF THE CHAIRMAN OF THE FINANCE COMMITTEE ONCE THE REVIEW IS
COMPLETED. A COPY OF THE FORM 990 WILL BE PROVIDED TO THE COMPLETE ENTIRE
VOTING BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD OF TRUSTEES OF THE SEED SCHOOL OF WASHINGTON, D.C. ("SCHOOL")
HAVE ADOPTED THE FOLLOWING POLICY TO ASSURE THAT ALL DELIBERATIONS AND
ACTIONS OF THE BOARDS AND OFFICERS ARE UNDERTAKEN IN A MANNER THAT IS FREE
OF CONFLICTS OF INTERESTS AND THE APPEARANCE OF CONFLICTS OF INTEREST SO
THAT TRUSTEES AND OFFICERS CAN ACT IN A MANNER THAT IS IN THE BEST
INTERESTS OF THE SCHOOL, THE SCHOOL'S PARENT AND/OR ANY SEED SPONSORED
ENTITY. THIS POLICY IS INTENDED TO SUPPLEMENT BUT NOT REPLACE ANY STATE
LAWS APPLICABLE TO NONPROFIT CORPORATIONS.
THE POLICY SET FORTH IN THIS STATEMENT IS APPLICABLE TO ALL MEMBERS OF THE
SCHOOL BOARD, MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS, AND ALL
OFFICERS OF THE SCHOOL DURING THE PERIOD THAT THEY SERVE IN SUCH CAPACITY

632212 08-25-16

THE DIRECTOR OF FINANCE WAS HIRED FOLLOWING AN EXTENSIVE SEARCH BY A

RECRUITING FIRM. THE SALARY WAS DETERMINED BY THE MANAGING DIRECTOR AND

Schedule O (Form 990 or 990-	EZ) (2016)	Page 2
rianio oi tilo organizationi	HE SEED PUBLIC CHARTER SCHOOL OF ASHINGTON, D.C.	Employer identification number 52-2099612
HEAD OF SCHOOL BASED OF	N THE MARKET RATES FOR COMPARABLE POSITIONS, SCHOOL	
	NSIBILITY AND CANDIDATE EXPERIENCE, OTHER	
	STENT WITH EXISTING SCHOOL BENEFITS PACKAGES.	
FORM 990, PART VI, SECT	PION C. LINE 19:	
*	OVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	
-	VAILABLE UPON REQUEST FOR THE SAME PERIOD OF	
DISCLOSURE AS SET FORTH	H IN SECTION 6104(D).	
FORM 990, PART VI, SECT	FION B, LINES 15A AND 15B:	
	TION RELATED ORGANIZATION:	
THE SEED SCHOOL OF DC	IS RELATED TO THE SEED FOUNDATION. THE SEED	
FOUNDATION PROVIDES THE	E COMPENSATION TO ERIC ADLER AND RAJIV VINNAKOTA.	
THE SCHOOL DOES NOT COM	MPENSATE THESE INDIVIDUALS. THE SCHOOL RELIES ON	
	ON'S METHODOLOGY OF DETERMINING COMPENSATION. THE	
FOLLOWING ARE THE COMPR	ENSATION DETERMINATION POLICIES OF THE SEED	
FOUNDATION.		
THE SEED FOUNDATION BOA	ARD OF DIRECTORS APPROVES THE COMPENSATION OF ITS	
OFFICERS, DIRECTORS AND) KEY EMPLOYEES AS PART OF APPROVING THE ANNUAL	
BUDGET. MEMBERS OF THE	BOARD OF DIRECTORS RECEIVE NO COMPENSATION.	
THE BOARD OF DIRECTOR S	SET THE COMPENSATION FOR OFFICERS AND KEY	
EMPLOYEES BY CONSIDERIN	IG TWO FACTORS1) AN INFORMAL MARKET ANALYSIS OF	
COMPARABLE POSITIONS 2)	WHAT THE ORGANIZATION CAN AFFORD TO PAY BASED	
ON IT BUDGET CONSTRAINT	es.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2016

OMB No. 1545-0047

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 THE SEED PUBLIC CHARTER SCHOOL OF

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

WASHINGTON, D.C.

Name of the organization Department of the Treasury Internal Revenue Service

Part

Open to Public Inspection

Employer identification number 52-2099612

Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax exempt organizations during the tax year. End-of-year assets Total income 0 Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(b)(13) entity? Yes Direct controlling INC. entity FOUNDATION, THE SEED N/A status (if section Public charity 501(c)(3)) LINE 7 LINE Exempt Code section DISTRICT OF COLUMBIA 501(C)(3) 501(C)(3) Ð Legal domicile (state or foreign country) MARYLAND EDUCATIONAL OPPORTUNITIES Primary activity DEVELOP INNOVATIVE BOARDING SCHOOL 1776 MASSACHUSETTS AVENUE, NW, SUITE 600 - 06-1818759 -54 - 1850819Name, address, and ElN of related organization THE SEED SCHOOL OF MARYLAND SEED FOUNDATION, INC. BALTIMORE, MD 21223-2703 WASHINGTON DC 20036 200 FONT HILL AVENUE THE

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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

Page 2

52-2099612

Schedule R (Form 990) 2016 WASHINGTON, D.C.

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

(i) (k) General or Percentage managing ownership Ves No	(h) (i) Section Saction controlled controlle	Ves No
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	t because it had or (g) Share of Per end-of-year ow assets	
(h) Disproportionate allocations? Yes No	rt IV, line 34	
(g) Share of end-of-year assets	orm 990, Part IV, (f) Share of total income	
Share of total Sincome end	rered "Yes" on For (e) Type of entity (C corp, S corp, or trust)	
	e organization answ (d) Direct controlling entity	
Predominant income (related, unrelated, excluded from tax under sections 512-514)	if the organi	
	Complete if the complete of the complete of the complete of the community country)	
(d) Direct controlling entity	orporation or Trust. (tax year. (b)	
Legal Commission (State or freship) country)	s a Corpoi g the tax y	
(b) Primary activity	anizations Taxable a poration or trust durin	
(a) Name, address, and EIN of related organization	Part IV Identification of Related Organizations treated as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organization trust during the tax year. An image and EIN Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organization (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	

Schedule R (Form 990) 2016

52-2099612

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				×	Yes No
1 During the tax year, did the organization engage in any of the following transactions	s with one or more rela	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				<u>1</u>	×
b Gift, grant, or capital contribution to related organization(s)				욘	×
c Gift, grant, or capital contribution from related organization(s)				ٻ	×
d Loans or loan guarantees to or for related organization(s)				1d	×
e Loans or loan guarantees by related organization(s)				1e X	u
f Dividends from related organization(s)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	***************************************		#	×
g Sale of assets to related organization(s)				þ	×
h Purchase of assets from related organization(s)				두	×
				÷	×
_				=	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×
l Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)	***************************************		1m X	u
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			두	×
o Sharing of paid employees with related organization(s)				10	X
p Reimbursement paid to related organization(s) for expenses				1p	×
q Reimbursement paid by related organization(s) for expenses				1q X	
r Other transfer of cash or property to related organization(s)				7	×
	***************************************			1s	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ho must complete this	line, including covered r	elationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved	
(1)					
(3)					
(4)					
(5)					
(9)					
632163 09-06-16			Schedule	Schedule R (Form 990) 2016	90) 2016

52-2099612

WASHINGTON, D.C.

Schedule R (Form 990) 2016

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) srcentage wnership				
General or Pe managing partner? ov Yes No				
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				
(h) Disproportionale allocations? Yes No				
(g) Share of end-of-year assets				
Share of total income				
(e) Are all Are all Are all (in) (in) Are all (in)				
Predominant income related, unrelated, excluded from tax undersections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

THE SEED PUBLIC CHARTER SCHOOL OF

Schedule R	(Form 990) 2016	WASHINGTON, D.C.	52-2099612	Page 5
Part VII	(Form 990) 2016 Supplemental Infor	mation.		
		ation for responses to questions on Schedule R. See instructions.		
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(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

File a separate application for each return.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. THE SEED PUBLIC CHARTER SCHOOL OF print WASHINGTON, D.C. 52-2099612 File by the Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 4300 C STREET. SE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions WASHINGTON, DC 20019 Enter the Return Code for the return that this application is for (file a separate application for each return) 1 Return Return Application Application Code Is For Code Is For 01 Form 990-T (corporation) 07 Form 990 or Form 990-EZ 02 Form 1041-A 08 Form 990-BL Form 4720 (other than individual) 03 09 Form 4720 (individual) Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 KEN ARNDT The books are in the care of > 4300 C STREET., SE - WASHINGTON, DC 20019 Telephone No. ▶ 202-248-7773 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this and attach a list with the names and EINs of all members the extension is for. box . If it is for part of the group, check this box I request an automatic 6-month extension of time until MAY 15, 2018 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning JUL 1, 2016 , and ending JUN 30, 2017 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. <u>3a</u> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 0. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

instructions.